


# Exhibit B

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**Baptist Hospital**  
BAPTIST HEALTH SOUTH FLORIDA

Patient Name: Valiente, Heriberto  
Account Number: 17173825-1  
Due Date: Upon Receipt


**REQUEST FOR PAYMENT**

**Account Summary**

Date of Service: 7/11/2024  
Description of Service: Urgent Care Services  
Place of Service: Kendale Lakes Urgent Care

Total Charges	\$ 1,072.00
Insurance Payment / Adjustments	- \$ 428.80
Prior Patient Payments	\$ 0.00
<b>AMOUNT YOU OWE</b>	<b>\$ 643.20</b>

Pay online! It's fast, easy, and secure.  
<https://billpay.baptisthealth.net>



Scan this code to pay with your smart phone.

Our automated system provides up-to-date information about your account 24/7 at 786-596-6507 or toll free at 1-800-235-0065.


See reverse side of this statement for frequently asked questions.

**IMPORTANT MESSAGE**

Your insurance carrier has informed us that the balance due is your responsibility. Please remit payment to us for the amount due immediately. Pay online securely at: <https://billpay.baptisthealth.net>.

If you have any questions about your out-of-pocket expense, please contact your insurance provider so they can explain how your claim was processed. Your insurance provider determines benefit coverage, and any patient responsibility. Our Baptist Health Customer Service Representatives do not have access to the terms of your insurance policy.

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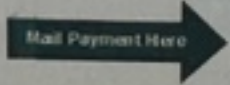


**Baptist Hospital**  
BAPTIST HEALTH SOUTH FLORIDA  
PO Box 830880  
Miami, FL 33283

**Pay By Mail for Account Number: 17173825-1**

Amount Due	Due Date	Amount Enclosed
\$ 643.20	Upon Receipt	\$ _____

Mail Payment Here



Baptist Hospital  
PO Box 198116  
Atlanta, GA 30384-8116

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